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Non-resident contractors' tax (NRCT) exemption application form

Income Tax Act 2007

Include a copy of any written contract or agreement entered into, between the non-resident contractor and the contract payer. Please provide any additional information as an attachment to this application.

If this is a renewal application, include the names and exact arrival and departure dates of persons present in New Zealand during the previous application.

Contractor			
Name of non-res	sident		
contr	ractor		
Title (if indivi	idual) Mr Mrs	Miss Ms	Other
Date of birth/Date of Incorpor	Tation Day Month Year	IRD number (if any)	
Passport nu		Nationality	
Country of tax resid	dence		
Contractor's overseas ad			
	Street address		
	Suburb, city, country		
Contract payer			
Name of contract p	payer		
IRD number (if known	ı/any)		
Country of tax resid	dence		
Ad	ldress		
	Street address		
	Suburb, city, country		
Contact telephone nu			
contact telephone nu	Daytime	Evening	
Contact person and email ad		5	
Contract activity			
Give a det	tailed		
descripti	ion of		
New Zealand cor activity (include	e start		
and finish c	dates)		
		Arrival date Depa	arture date
Persons present in New Zealand (actual			
and expected dates)			
		Day Month Year Da	y Month Year
		Day Month Tear Da	i Monthi Tear

	Amount	Du	le dat	e		NRCT deducted Yes	No
Contract payment details							
		C	Day	Month	Year		
Give a brief background o previous contract activity New Zealand in the past t	in						
Do you expect to have a p in New Zealand in the futu (if yes, give details)	resence ure?						

Sub-contractor

If you have any sub-contractors, please give their details here. If not, go straight to the declaration below.

Name of sub	-contractor							
IRD number	r (if known)							
Country of ta	ax residence							
Contract	or's address							
		Street address						
		Suburb, city, country						
Con	tact person							
Contact telepho		()		()			
		Daytime		Eve	ning			
Er	nail address							
			Arrival o	date		Departu	ire date	
Sub-contractors present in New Zealand (actual and expected dates)								
			Day	Month	Year	Day	Month	Year

Declaration

I declare that to the best of my knowledge, this information is true and correct.

I give consent to communicating with Inland Revenue via email and accept that Inland Revenue will communicate via email where appropriate; understanding that at times these emails may contain confidential and/or commercially sensitive information.

I understand Inland Revenue will take all reasonable steps to mitigate any risk of emails being sent to the wrong recipient, but cannot guarantee that emails will not be intercepted while in transit.

I/organisation acknowledge that, once the email has been received, it is my/our responsibility to keep this information secure, and ensure it is not accessed by an unauthorised individual.

Post or email application to: Email nr.contractors@ird.govt.nz	Phone: 64 4 890 3056	Inland Revenue. PC) Box 2198 Wellington. New Zealand
Email address			
Contact telephone number	Daytime	Evening)
Contact person			Date
Signed			
This application was completed by			